

ACA Compliance Phase I

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Income Maintenance Advisory Committee (IMAC) Meeting



Overview

- Background
 - Continue enhancements to CARES to better meet requirements under the Patient Protection and Affordable Care Act and other federal and state health care policies.
- Vision
 - To develop policy and related systems modifications in order to come into compliance with federal and state law and regulations.

Goals

- Do not allow individuals to receive backdated health care coverage while waiting for verification of citizenship or identity status during the reasonable opportunity period.
- Allow documents issued by federally-recognized tribes to be considered valid verification of citizenship and identity.
- Do not allow self-employment losses and tax-deductions to be subtracted from countable Social Security income during MAGI calculations.

Goals

- Use the verified gross pension or annuity amount if the taxable pension or annuity amount is reported but not verified.
- Update CARES to remove the 3-month BadgerCare Plus waiting period for dropping other health insurance.
- Add text to the Notice of Decision informing people denied BadgerCare Plus due to having monthly income in excess of the BadgerCare Plus limit that they can request a gap filling assessment.

Policy and System Changes

Social Security Income

- Change in policy and in the system.
- Self-employment losses, other unearned income losses, or BadgerCare Plus income tax deductions may not be subtracted from Social Security benefits.
- If the losses and deductions exceed other income being counted, any remaining loss is ignored and not subtracted from Social Security.
- Effective starting with MAGI eligibility determinations for benefit month April 2018.

Pensions and Annuities

- Policy clarification and system change.
- If the gross amount of pension and annuity income has been verified but the taxable amount has not, the gross amount must be used in the BadgerCare Plus or FPOS budget calculation.
- Eligibility will not fail due to a lack of verification of the taxable amount.
- If both the gross amount and the taxable amount are not verified, eligibility will fail due to no verification.
- Effective starting with MAGI eligibility determinations for benefit month April 2018.

Citizenship and ID Verification Codes

- Change in policy and in the system.
- Effective March 3, 2018, the following verification codes will be valid for both citizenship and identity for health care:

Valid CARES Verification Code	Acceptable Documentation
SN	Seneca Indian Tribal census record or Bureau of Indian Affairs census records of the Navaho Indians
TR	Certificate of degree of Indian blood or other U.S.American Indian or Alaska Native tribal document; Native American Tribal document
WA	Written Affidavit
EN	Enhanced Driver's License

Reasonable Opportunity Period

- Enrollment in health care benefits while pending verification of citizenship or identity, also known as the good faith period.
- Change in policy and in the system.
- The number of days assigned for the reasonable opportunity period will be increased from 93 days to the federally required 95 days.
- Reasonable opportunity period letters sent on or after March 3, 2018, will reflect the 95-day timeframe.

Reasonable Opportunity Period

- Change in policy and in the system.
- Benefits for backdated months are not available during the reasonable opportunity period.
- Once verification is provided, the person may then be eligible for benefits during the backdated period.
- Effective March 3, 2018, two new reason codes, one for citizenship and one for identity, will display on the Notice of Decision to inform the person that backdated benefits for health care are denied until verification is submitted to the IM agency.

Gap Filling – Notice Text

- Only system changes.
- When an applicant or member who is a parent, caretaker, or childless adult fails any month solely due to excess monthly income, CWW will display a new failure reason code.
- Effective starting with MAGI eligibility determinations for benefit month April 2018.

Gap Filling – Notice Text

- The new reason code will show the following information in the Notice of Decision:
 - The person's monthly income is over the program limit.
 - The annual 100% of FPL threshold amount for the largest AG size used in the eligibility determination.
 - The person may contact their agency to request a gap filling eligibility determination if their annual income is less than the listed threshold amount.

Gap Filling – BadgerCare Plus Budget

- The “Income Eligibility Determination” section of the BadgerCare Plus budget in CWW will display the annual 100 percent FPL threshold amount which is calculated by multiplying the monthly 100 percent FPL threshold amount by twelve months.
- This value will be displayed in a MAGA, MAGS, or MAGN budget for the relevant AG if a person within the AG fails for this new reason code.

Removal of Three-Month Waiting Period

- No change in policy.
- Starting March 3, 2018, CARES will no longer fail children and Prenatal Program women for failure reason code 281 for having major medical insurance coverage that ended in the prior three months.
- Workers will no longer need to use the workaround described in Operations Memo 15-30 for these populations.

Impact to IM

Conversion Report

- A one-time report will be run after March 3, 2018 to identify people who meet the following criteria:
 - Counted or eligible in a health care AG for the month of April 2018.
 - Have unearned income in combination with negative self-employment income or deductions.
- Agencies will need to rerun eligibility to update the MAGI budget calculations to fully count Social Security income.
- Detailed instructions will be shared in a CARES Coordinator email.

Release Readiness Activities

Upcoming Events

- February 9 – TAPP
- February 15 – Operations Memo Published

Questions

- If you have any questions after this meeting, please send them to the CARES Call Center.